

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>10-070,401</u>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2							52						
3		12		12			53						
4		21		21			54						
5		12		12			55						
6		21		21			56						
7		12		12			57						
8		21		21			58						
9		12		12			59						
10		21		21			60						
11		12		12			61						
12		21		21			62						
13		12		12			63						
14		21		21			64						
15	1		1				65						
16							66						
17		12		12			67						
18		21		21			68						
19							69						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2		2				TOTAL IND.						
TOTAL DEP.	16		19				TOTAL DEP.						
TOTAL CLAIMS	18		21				TOTAL CLAIMS						

PTO-1350 (3-79)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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